



Region 2

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

03/11/2016

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER:	NYR000225730
INSTALLATION NAME:	BROOKLYN BRIDGE PEDIATRICS - EDNA PYTLAK & BRIANNE O'CONNOR
INSTALLATION ADDRESS :	35 MONROE PL BROOKLYN, NY 11201
MAILING ADDRESS :	35 MONROE PL BROOKLYN, NY 11201


EPA Form 8700-12AB (4-80)

**USEPA - REGION 2
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866**

**ATTN: RCRA NOTIFICATIONS
Tel : (212) 637-4106
Fax: (212) 637-4437**

**TO: BROOKLYN BRIDGE PEDIATRICS - EDNA PYTLAK & BRIANNE O'CONNER LLP
or Current Occupant**

**ATTN: ABENA RUSH
35 MONROE PL
BROOKLYN, NY 11201**

<p>SEND COMPLETED FORM TO: The Appropriate State or Regional Office.</p>	<p align="center">United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM</p> <p align="right">2016 FEB -4 P 12:23 RCRA PROGRAMS BRANCH</p> 	
<p>1. Reason for Submittal</p> <p>MARK ALL BOX(ES) THAT APPLY</p>	<p>Reason for Submittal:</p> <p><input checked="" type="checkbox"/> To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location)</p> <p><input type="checkbox"/> To provide a Subsequent Notification (to update site identification information for this location)</p> <p><input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application</p> <p><input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____)</p> <p><input type="checkbox"/> As a component of the Hazardous Waste Report (If marked, see sub-bullet below)</p> <p><input type="checkbox"/> Site was a TSD facility and/or generator of >1,000 kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)</p>	
<p>2. Site EPA ID Number</p>	<p>EPA ID Number <u>N Y R 000 225 730</u></p>	
<p>3. Site Name</p>	<p>Name: <u>Brooklyn Bridge Pediatrics (Edna Pythal & Bonnie O'Connor LLC)</u></p>	
<p>4. Site Location Information</p>	<p>Street Address: <u>35 Monroe Place</u></p> <p>City, Town, or Village: <u>Brooklyn</u> County: <u>Kings</u></p> <p>State: <u>NY</u> Country: <u>USA</u> Zip Code: <u>11201</u></p>	
<p>5. Site Land Type</p>	<p><input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>	
<p>6. NAICS Code(s) for the Site (at least 5-digit codes)</p>	<p>A. <u>62111</u> C. <u> </u></p> <p>B. <u> </u> D. <u> </u></p>	
<p>7. Site Mailing Address</p>	<p>Street or P.O. Box: <u>35 Monroe Place</u></p> <p>City, Town, or Village: <u>Brooklyn</u></p> <p>State: <u>NY</u> Country: <u>Kings</u> Zip Code: <u>11201</u></p>	
<p>8. Site Contact Person</p>	<p>First Name: <u>Athena</u> MI: <u> </u> Last: <u>Rush</u></p> <p>Title: <u>Receptionist/Front Desk</u></p> <p>Street or P.O. Box: <u>35 Monroe Place</u></p> <p>City, Town or Village: <u>Brooklyn</u></p> <p>State: <u>NY</u> Country: <u>USA</u> Zip Code: <u>11201</u></p> <p>Email: <u>Athena1274@gmail.com</u></p> <p>Phone: <u>718-834-5673</u> Ext.: <u> </u> Fax: <u> </u></p>	
<p>9. Legal Owner and Operator of the Site</p>	<p>A. Name of Site's Legal Owner: <u>Edna Anne Pythal</u></p> <p>Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p> <p>Street or P.O. Box: <u>35 Monroe Place</u></p> <p>City, Town, or Village: <u>Brooklyn</u> Phone: <u>718-834-1007</u></p> <p>State: <u>NY</u> Country: <u>USA</u> Zip Code: <u>11201</u></p> <p>B. Name of Site's Operator: <u>Brooklyn Bridge Pediatrics</u></p> <p>Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p> <p>Date Became Owner: <u>6/1/1997</u></p> <p>Date Became Operator: <u>6-1-97</u></p>	

Rec 2/4/2016 - Called & emailed 2/4/2016. AP
Athena provided ownership date & waste code
2/8/16 - Waste codes reviewed per email (R) to
2/8/16 Provided EIS # (R)

Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.

D. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

❖ You can ONLY Opt into Subpart K if:

- you are at least one of the following: a college or university; a teaching hospital that is owned by or has a formal affiliation agreement with a college or university; or a non-profit research institute that is owned by or has a formal affiliation agreement with a college or university; AND
- you have checked with your State to determine if 40 CFR Part 262 Subpart K is effective in your state

Y ☐ N ☐ 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories
See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:

- ☐ a. College or University
- ☐ b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university
- ☐ c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university

Y ☐ N ☐ 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories**11. Description of Hazardous Waste****A. Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

261.30						
W005						
P001						
P075						

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.

EPA ID Number

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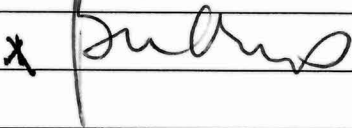
OMB#: 2050-0024; Expires 01/31/2017

12. Notification of Hazardous Secondary Material (HSM) ActivityY ☐ N ☒ Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

If "Yes," you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.

13. Comments

14. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	Brienne Clunne mo partner	02/02/2016